

10/551643

JC20 Rec'd PGT/PJO 29 SEP 2009

Application Data Sheet

**Application Information**

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | Regular  |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | Paper  |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | ANTISENSE OLIGONUCLEOTIDES<br>(ODN) AGAINST SMAD7 AND USES IN<br>MEDICAL FIELD THEREOF |
| Attorney Docket Number::            | 2520-1065  |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          |  |
| Total Drawing Sheets::              | 5  |
| Small Entity?::                     | Yes  |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent<br>Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GIOVANNI  
Middle Name::  
Family Name:: MONTELEONE  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA MONTPELLIER 1  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00133

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of    | PCT/IT2004/000117       | 3/8/04                  |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| ITALY     | RM2003 A 000149         | 4/2/03        | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::